



# ANNUAL REPORT

UPON THE

PUBLIC HEALTH AND

SANITARY ADMINISTRATION

OF THE

*Rural District of Abergavenny*

FOR THE

*Year 1951*



BY

S. M. R. HARVEY, B.Sc., M.B., Ch.B., C.P.H.

MEDICAL OFFICER OF HEALTH

AND MEDICAL OFFICER OF HEALTH No. 10 AREA.



# Annual Report, 1951

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I have the honour to present the Annual Report of the Medical Officer of Health, Abergavenny Rural District.

During the year the health of the population of the Rural District has been, on the whole, well maintained. The Birth-rate shows a satisfactory increase in 1951 as compared with 1950, although it still remains slightly lower than the corresponding rate for the County of Monmouthshire. The general crude death rate as shown but a slight increase and there has been an appreciable decline in both the Infant Mortality Rate and the Still-birth Rate. The Maternal mortality rate is up, but as the calculation is based on only one death, the rise is not alarming. There have been more deaths attributable to Cancer; it is possible that this rise is due to the fact that more people are living to the age when Cancer is likely to occur. As regards Infectious Diseases, if Influenza be excepted, 1951 was a comparatively good year. It is often not easy to establish the precise relationship between housing conditions and disease, but it is generally accepted that bad housing conditions are inimical to the health of the people.

Although 140 new houses have been built since the end of the War, the problem of housing and the evils of overcrowding in Abergavenny Rural District remains acute, particularly when one considers the large number of people still on the Council's waiting list. It is appreciated that the Housing Authority is undertaking all possible steps to overcome the housing difficulties and that the housing programme is proceeding.

Although the estimated population of the District in 1951 shows a slight decrease, it has remained relatively static in numbers for many years, but it would appear that there has been a change in the age distribution. Due to an overall decline in the birth-rate during the present century, there are fewer younger members in the community, whereas a larger expectation of life has increased the ranks of the elderly. With this changing pattern in age distribution, the problem of providing adequate care, both socially and medically for the increasing numbers of old people has become progressively

larger. Here the Local Authority can play its part, as the majority of the aged prefer to live in their homes. I beg to draw the attention of the Housing Authority to the need for providing more bungalows and flats exclusively to old people. At the same time, care should be taken that the old people are not segregated. The need for improving the arrangements for feeding old people, by means of "meals on wheels," etc., should be emphasised.

### **Maternity and Child Welfare.**

Leven House, Lion Street, was occupied in August, 1951, for the purposes of the No. 10 Area Health Office. At the same time, accommodation was made available for the maternity and child welfare clinics. The Infant Welfare Clinic is held on the Tuesday of each week, and Ante-natal Clinic on alternate Tuesdays. Mothers and children under 5 years of age from the Borough of Abergavenny and from the Rural District may attend at these Clinics. There are two Health Visitors and a Doctor in attendance.

I wish to stress here the importance of early and regular attendance of expectant mothers at the Ante-natal Clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy.

It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1951, a monthly average of 180 babies attended the Infant Welfare Clinic. Welfare Food is obtainable at the Centre with the exception of National Dried Milk, Cod-liver Oil and Orange Juice which are available at the Food Office.

The principle causes of Infant deaths are Prematurity, Congenital Debility, Congenital Abnormalities and Pneumonia. Adverse physical conditions and lack of care, which the older child

can withstand often prove fatal during earlier months of life.

Material resources (housing standards, sanitation, feeding, etc.) parental care and medical and nursing services, each play a part in the infant's chance of survival. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen regularly by the Doctor. Health Education is stressed and informal talks are given to mothers on the principles of hygiene and healthy living. The prevailing Infant Mortality Rate calls for renewed efforts on the part of all concerned with the care of infants.

Towards the end of 1951, the routine skin testing of children under 5 years, with tuberculin was introduced at the Infant Welfare Clinic. The Mantoux and Jelly Tests are employed. Any Positive reactions are referred to the Chest Physician, and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare Work forms a part of the Anti-Tuberculosis Scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at this Clinic. The main object of immunisation schemes is to secure that each generation of infants receives protection at an early age. It is now recommended that an infant should be immunised against diphtheria at or about the age of 8 months. The fall in the incidence of Diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, the Abergavenny Rural District like the rest of the country, has followed the trend of a decrease in the numbers vaccinated; from the public health point of view this is regrettable.

Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.



Since the National Health Service Act, 1946, came into operation, Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge both at the surgeries of General Practitioners and at the Maternity and Child Welfare Centres. Great encouragement is given to Mothers to have their children vaccinated and immunised.

It is gratifying to note that both vaccination and immunisation figures have improved in 1951.

#### Vaccination against Small Pox.

Age Groups		Numbers vaccinated in 1950	Numbers vaccinated in 1951
Under 1 year	...	14	10
1—4 years	...	6	13
5—14 years	..	1	3
15 plus	..	9	14
Totals		30	40

#### Immunisation against Diphtheria.

Age Groups		Numbers immunised in 1950	Numbers immunised in 1951
Under 5 years	...	56	44
5—14 years	...	2	59
Totals		58	103

#### Domiciliary Midwifery Service.

Under the re-allocation of the District Midwifery Service, four Midwives are resident in the District. The monthly average of nursing visits was 98.

#### District Nursing Service.

There is one District Nurse resident in the Rural District. The monthly average of nursing visits was 336.

#### Health Visiting.

Three Health Visitors are employed for routine Domiciliary Visits, Tuberculosis visiting, School Inspections (cleanliness of body

and clothes) and for attending the Maternity and Child Welfare Clinic.

### **Domestic Help Service.**

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to Hospital, thereby helping to relieve the pressure upon hospital accommodation.

The Service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income; persons with a gross income of less than £3/0/0 per week receive the Service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 43 Domestic Helps in the area of which approximately 10 are working in the Rural District. All are engaged on a Temporary part-time basis. The number of cases attended in the area was 83; the average monthly number of hours worked was 2,603.

### **Ambulance Service.**

Abergavenny Rural District is served by two St. John Ambulances with four drivers, and they provide the Ambulance Services for the Borough and adjacent area, under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control aims at making the most economic use of ambulances and mutual assistance between local Health Authorities avoids, as far as possible, ambulances running empty. However, it is felt that when the sick are transported by ambulance, there should always be an attendant with some nursing training travelling along with the Ambulance Driver.

## **Health Education.**

The close of the 19th Century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public.

Health Education is carried out at present by official bodies such as the Ministry of Health, by Local Authorities through their health and education departments, and by independent bodies such as the Central Council for Health Education and the National Association for the Prevention of Tuberculosis, etc.

In order to further disseminate knowledge in respect of Health Education, a Health Conference was held at the Town Hall, Abergavenny, on the 11th September, 1951, this being the 3rd Annual Health Conference in the County of Monmouthshire. The Speakers included :—

E. C. Downes, M.D., D.P.H., Chief Medical Officer for the County Borough of Middlesborough.

John Burton, B.A., M.R.C.S., L.R.C.P., D.P.H., Acting Secretary to the Central Council for Health Education; and

Anne Burgess, M.B., Ch.B., L.D.S., Adviser to the Central Council for Health Education.

The Conference was well attended and it was apparent that members of the general public are becoming more and more health conscious.

## **Mental Health Service.**

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service, in the No. 10 Area, now operates from Leven House. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny but individual cases, patients suffering from early nervous strain, and



who are finding difficulty in adjusting themselves either in their homes or at their work, are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

### Medical Appliances.

The location of the Medical Appliances Department for the Rural District is St. John Ambulance Hall, Abergavenny.

### Welfare Services.

The Welfare Officer of No. 10 Area caters for the needs of Abergavenny Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51). Cases are interviewed at their homes or at the Welfare Office in Leven House.

## VITAL STATISTICS.

Area	...	...	...	62685	Acres
Population (Estimated)	...	...	...	8690	
Number of Inhabited Houses (according to Rate Book on 31/12/1951)	...	...	...	2339	
Rateable Value	...	...	...	£33564	
1d. Rate	...	...	...	£131	

	1951	Total	M.	F.		1951	Rural D.	County
<b>Live Births—</b>								
Legitimate	135	64	71	} Live-birth rate per 1000 estimated resident population ...	15'9	16'5		
Illegitimate	4	2	2					
Total	139	66	73					

<b>Still Births—</b>								
Legitimate	2	2	0	} Still birth Rate per 1000 total Births ...	14'3			
Illegitimate	0	0	0					
Total	2	2	0					

<b>Deaths—</b>								
All Causes	112	61	51	} Death Rate per 1,000 estimated resident population ...	12'8	13'38		

1951	Total	M.	F.	1951	Rural D.	County
Deaths from Cancer — all ages	... 15	4	11			
Deaths due to Pregnancy, Childbirth, Abortion—	1.					
Maternal Mortality Rate (Rate per 1,000 births)	...					1.48

### Infant Mortality—

Infant Deaths from Measles	...	Nil
„ „ Whooping Cough	...	Nil
„ „ Diarrhoea	...	Nil
„ „ All Causes	...	4

### Deaths of Children under 1 year of age in Age Groups.

Age Group.	Number of Deaths	
Under 1 week	...	3
1 - 3 weeks	...	0
4 weeks - 1 year	...	1
Total	...	4

		Rural D.	County
Infant Mortality Rate (Rate per 1,000 Live Births)		28.7	43.1
„ „ (Legitimate)	...	29.6	
„ „ (Illegitimate)	...	Nil	

## INFECTIOUS DISEASES.

### Notifiable Infectious Diseases (other than Tuberculosis) classified according to age groups.

Disease.	Age 0—4	Age 5—9	Age 10—14	Age 15—24	Age 25 & Over	Total	Admit'd to Hospital	
Diphtheria	...	...	...	1	...	1	1	
Scarlet Fever	...	2	4	5	3	14	7	
C.S. Meningitis	...	...	...	...	...	...	...	
Measles	...	20	19	5	6	50	...	
Whooping Cough	...	13	11	...	...	24	...	
Enteric Fever	...	...	...	...	...	...	...	
Poliomyelitis	...	...	...	1	...	1	1	
Dysentery	...	...	1	...	10	11	...	
Acute Primary Pneumonia	...	...	..	...	4	4	...	
Erysipelas	...	...	...	...	1	1	...	
Encephalitis	...	...	...	...	...	...	...	
Abortus Fever	...	...	...	...	1	1	...	
Totals	...	35	34	11	11	16	107	9

## **TUBERCULOSIS.**

Notified : Pulmonary - M. 9 F.7 Non-Pulmonary - M.4 F.1  
Deaths : do. M. 2 F.2 do. M.0 F.0

## **INFLUENZA.**

Epidemic during the first quarter of the year.

Deaths : M. 3 F. 5

## **Infectious Diseases.**

During 1951 with the exception of the Influenza epidemic in the early part of the year, there was no abnormal incidence of infectious diseases within the Rural District.

### **Diphtheria.**

One of the most satisfying facts in the control of infectious diseases has been the nation wide decline in incidence and mortality from Diphtheria. During the year there was one case of Diphtheria notified within the Rural District; this case was a boy who had not been previously immunised. He was admitted to Hospital where he made a complete recovery.

### **Scarlet Fever.**

This remains a mild disease. Of the 14 cases notified 7 were removed to hospital for such reasons as overcrowding in the home or some special circumstances necessitating isolation from contact in the home. Although the notification figures indicate a diminished incidence in Scarlet Fever, it is possible that notification was incomplete, but it is beyond reasonable doubt that fatality from this disease has diminished in recent years.

### **Measles and Whooping Cough.**

The incidence of Measles has ebbed and flowed at intervals of 2 years. During 1951, although 50 cases were notified, there were no deaths. Notification of Whooping Cough seems to indicate no appreciable decline in incidence but it is gratifying to note that the fatality rate was nil. Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the homes through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

### **Infantile Paralysis.**

Although the incidence of Poliomyelitis has increased in the country generally during the last 10 years, it is satisfactory to note that only one case was notified in Abergavenny Rural District in 1951. This case was removed to Hospital where she made a complete recovery.

### **Influenza.**

An increase in the incidence of Influenza was first noticed in the Rural District of Abergavenny during the week ending 6th January, 1951. This formed part of the influenza epidemic, apparently due to Virus A Prime which was widespread throughout the country at this time.

The incidence of influenza was more or less evenly distributed over all age and sex groups. The disease was of a mild form in children and adolescents, of a more moderate type in adults, and most severe in the age group 65 years and over. The duration of true influenza was approximately 4 days. Complications, when arising, usually occurred after the fifth day. Although infectivity was high, the fatality rate was low, and deaths in the main were due to complications - Toxæmia and Influenzal Pneumonia. The peak period of this epidemic occurred in the week ending January 20th, 1951.

### **Tuberculosis.**

Both the incidence of and fatality from Tuberculosis showed an upward trend in 1951 as compared with the previous year. This gives occasion for some anxiety and calls for renewed efforts from all concerned with the fight against Tuberculosis.

Although tremendous improvements have been brought about in the standards of environmental hygiene and personal health services, in the present century, there may still be outbreaks of infectious diseases due to failure of water supplies and sewerage or to failure of the hygiene of milk and other food control. Therefore, it is still the task of the Medical Officer of Health and her fellow local Government Officials to maintain constant vigilance.

I have the honour to be,

Your obedient Servant,

S. M. R. HARVEY,

Medical Officer of Health.

## I. Housing.

Number of Houses owned by Local Authority in December, 1951 ... ..	221
Number of Houses in course of erection ...	36
Number of Houses completed during the year ...	6
Number of Houses for which sanction has been given, but had not been commenced ... ..	18
Number of Houses erected by Private Enterprise ...	7
Number of Houses inspected for defects in 1951 ...	19
Number of Houses repaired as a result of action by the Local Authority ... ..	13
Number of Houses in respect of which Statutory Notices were served to carry out repairs ...	9

## II. Water Supply.

Owing to the variations in altitude and the number of scattered, sparsely populated villages and hamlets, the water supply of the area is one of the Authority's biggest problems, particularly as the number of houses increase. The sources of water supply are numerous; mainly springs. In the larger villages, e.g., Mardy, Llanvihangel Crucorney, Llanover and Pandy, the supply is sufficient and the quality up to standard; but there are a number of smaller villages and outlying dwelling houses where the supply is inadequate, or where analysis reports are not always satisfactory.

The main piped supplies owned by the Local Authority are:—

1. **Govilon.** Blakes Hydraulic Ram has been taken out of commission, as a connection was taken off the Abertillery Water Board's 16" main through a  $\frac{3}{4}$ " Break Pressure Valve (set at 80 lbs.) to supply the 56 houses on the zone between the 350 ft. and 600 ft. contour O.D. The properties on the lower zone numbering 84, are supplied from the Ffynon Batric Spring by gravitation.

A 3" connection was made in the Newport Corporation's new 28" main near the Carpenter's Shop, Govilon.

The inhabitants of this part of the District obtained their water



supply from the Forge Spout. To afford a constant supply, a 1" pipe was laid from the Railway Bridge to the Forge Cottages, for a distance of 366 yards. A 1" rising main was taken from the storage tank near the Chapel School (450 ft. O.D.) to Maesyfelyn, which is on the 600 ft. contour. This supplies 7 houses, and 1 farm. The amount of pipe laid was 600 ft. of 1" galvanised main, and 50 ft. of  $\frac{1}{2}$ ". At Maesyfelyn, this supply ends as a stand-pipe. During the year, a 1" main was taken from the  $1\frac{1}{2}$ " Rising Main near the Ram House, to Upper Mill Farm. A T-piece was inserted in the 1" main, and 250 yards of  $\frac{3}{4}$ " main, and 34 yards of  $\frac{1}{2}$ " main were laid to the 4 cottages at the Aquaduct.

A  $\frac{3}{4}$ " connection was taken off the 1" main at Maesyberllan and extended to Boat Farm, Govilon. This necessitated the laying of 450 ft. of  $\frac{3}{4}$ " main.

2. **Pwlldu.** A 2,000 gals. storage tank at the source of the spring in adit. supplies 35 premises by means of 6 stand-pipes. This is the only supply in the district showing any plumbosolvent action; and as a precaution galvanised iron pipes are used. The  $1\frac{1}{2}$ " main was extended from the Long Row to the Breconshire Boundary. This affords a supply to 4 cottages. The amount of pipe laid was 1,389 ft. of  $1\frac{1}{2}$ " galvanised main, 271 ft. of  $\frac{3}{4}$ ", and 56 ft.  $\frac{1}{2}$ ". During the year, a  $\frac{3}{4}$ " connection was taken from the  $1\frac{1}{2}$ " main, to afford a water supply to the houses at Short Row. This necessitated the laying of 105 ft. of  $\frac{3}{4}$ " main, and 84 ft. of  $\frac{1}{2}$ " main.

The stand-pipes have now been dispensed with.

3. **Garndyrys.** Spring with stand-pipe supplies 10 premises; with an extension for 60 yards to a stand-pipe fixed near Garndyrys Cottage.
4. **Allws.** The Abertillery Water Main was tapped and a  $\frac{3}{4}$ " Break Pressure Valve inserted to afford a water supply to the inhabitants in this area.
5. **Llanfoist.** The supply for this area is drawn from the Newport Corporation's main; 3 and 4 inch pipes conveying a supply to

85 premises and the Factory; with stand-pipes for the few premises not connected to the main. The average consumption for private dwellings is approximately 7,000 gallons per day. A  $\frac{3}{4}$ " connection was taken on to the site of the new house being erected for Mr. S. Salter.

A 4" connection was taken from your main near Beechgrove, to the Council's Housing Site to supply 42 houses and 16 flats. The necessary fire-hydrants were also installed.

6. **Llanellen.** A spring connected to a  $1\frac{1}{4}$ " pipe supplies 16 premises. The quality is satisfactory, but the quantity is not always adequate.
7. **Mardy.** Tynywern spring connected to 5, 4 and 3 inch pipes supplies 86 premises, all of which are connected to the main; with  $\frac{3}{4}$ " branch pipes supplying Mardy Park and the Mill.

A  $\frac{3}{4}$ " connection was made in the 3" main to afford a supply to Parsonage Farm, Llantilio Pertholey.

A  $\frac{1}{2}$ " connection was taken off the 3" main to Nos. 1 and 2, Blorenge View, Mardy, these premises having previously received their supply from a private source. The Council's main was extended up the Midway Lane, to supply the 22 houses erected by the Council.

During the year, a  $1\frac{1}{2}$ " connection was made in the 4" main to afford a water supply to Mardy Park.

8. **Llanvihangel Crucorney.** The overflow from the Tynywern Spring is utilised to raise 12,000 gallons per day by hydrostats through 3" pipes to a 20,000 gallon concrete water tower. 70 premises are all connected to the main.

A  $\frac{1}{2}$ " connection was taken off the rising main to afford a water supply to Little Llwyn Gwyn, Llanvihangel Crucorney.

A  $\frac{1}{2}$ " connection was taken off the 3" main coming from the 20,000 gallon storage tank to afford a water supply to Bridge Farm.

A  $\frac{1}{2}$ " connection was taken off the 3" rising main from the Hydrostats to the New Bungalow near Llanvihangel Station.

A connection was taken off the rising main to afford a supply to Llanvihangel Station. The hydrostats which supply the storage tank at Llanvihangel Crucorney are getting worn, and to augment the supply, a new Centrifugal Pump with Diesel Engine was installed near the Hydrostat house.

Plans have been prepared to install electric pumps to afford a supply to Brynygwenin area. This scheme is intended also to supply Pantygelli and Pandy, thereby doing away with the Hydrostats.

During the year a 1" connection was taken from the existing 3" main, and 300 ft. of 1" main was laid to Penybont Cottages.

During the year the Hydrostats were completely overhauled, and are now working satisfactorily.

9. **Llanvetherine.** A spring with 1" pipe to tank and stand-pipe supplies 5 dwellings near the main road. Another spring supplies 17 premises in Caggle Street area by means of two stand-pipes; some of the dwellings being at too high a level for gravitation.
10. **Llangattock Lingoed.** A spring with small tank and  $\frac{3}{4}$ " pipe to a stand-pipe, supplies 12 premises; the level of the source being too low for connection into the houses.
11. **Bettws Newydd.** A spring with storage tank is connected to 10 premises in the Village. During the year an asbestos main was laid from Clytha to Bettws, this being an extension of the Llanover Water Scheme.
12. **Penlanlas.** A spring on the side of the Deri is utilised to supply Penlanlas Cottages and the Farm.

The main privately owned piped supplies are as follows:—

1. **Llanover Estate.** Llanover Village is supplied by a 2" pipe from Coeddyfelin Spring to a 25,000 gallon storage tank, which serves 34 premises. New Inn spring supplies another 23 premises

in or near the village. A series of springs on the Nant, Llanellen, supplies about 80 premises over a large area of Llanellen, Llangattock-nigh-Usk and Llanvair Cross. The quality is satisfactory, but pressure insufficient for some of the higher area. Cwm Uchaf spring supplies another 9 premises by a 1" pipe.

The work in connection with the Llanover Water Scheme commenced in July, 1950. Very rapid progress was made by the Contractors engaged to carry out this scheme, with a result that the whole of the work, with the exception of clearing up, has been completed. This applies also to the addition authorised, to extend the main to Bettws Newydd. There is no doubt that the new water supply will be very beneficial to the areas supplied, which comprises a very large part of the Rural District to the east of Abergavenny.

The districts included in this scheme are as follows:—

Llanellen, Llanover, Llangattock-nigh-Usk, Llanvair Kilgeddin, Bryngwyn, Llanddewi Rhydderch, Llanarth, Clytha, and Bettws Newydd.

2. **Llanarth Estate.** A spring near Upper House supplies 19 premises through a  $2\frac{1}{2}$ " pipe; this supply proves inadequate in drought periods. Springs at Court-y-gelly supply the villages of Llanarth and Great Oak, and a spring near Great House supplies the latter, and raises water by a ram to Cefn Coch. The Council's two Agricultural Houses situated in this vicinity, now receive their water supply from the Llanarth Main.
3. **Grosmont.** Supply is carried by  $1\frac{1}{2}$ " pipe from spring to a tank at upper end of the village; and from there by gravitation to 20 premises through 2,  $1\frac{1}{2}$  and  $\frac{3}{4}$  inch pipes.

Plans have been prepared to afford a water supply to the inhabitants in this area, from springs situated at Yew Tree Farm, Grosmont. Yields of these springs are being kept under observation.

Apart from the piped supplies there are a number of wells in the district supplying outlying dwellings.



4. **Wells.** All the Wells in the area are covered in, the supply being obtained through 2½" Small York Hand Pumps.

**Water Samples.** During the year 20 samples of water were obtained and submitted to the County Pathologist for analysis.

**Pen-y-val Hospital.** During the year a 4" connection was taken from the 4" main at the top of the Hereford Road, and 1,000 yards of 4" main was laid to the Hospital.

### III. Sewerage.

The only Sewerage works are those for the villages of Llanvihangel Crucorney and Mardy, with Disposal Works near Abergavenny Junction Station.

Llanfoist Factory has its own Sewerage Plant.

During the year a Sewerage Scheme was installed to take the sewage from the Llanfoist Council Houses to the Borough Sewerage Works. Plans, Specifications and Quantities are being prepared for Llanfoist No. 1 Sewerage Scheme, this scheme when completed will serve the village.

A Sewerage Scheme is also being prepared for Govilon; this scheme will pick up all the premises in the area to Ordnance Datum 400. The Sewage will be conveyed to the Gilwern Sewerage Works.

Preparation of plans, etc., are in progress for a Sewerage Scheme in the Parish of Grosmont.

### IV. Milk Supply.

During the year 11 samples of milk were collected and submitted to the County Pathologist for analysis.

### V. Refuse Collection.

This collection has now been extended to cover almost the whole of the Rural Area.



## **VI. Meat Inspection.**

No inspection of carcasses takes place in the Rural District, as all slaughtering of animals is carried out at the Abergavenny Abattoir.

## **VII. Rodent Control.**

The Assistant Rodent Operative continued to carry out inspection throughout the District under the Infestation Order and Destruction of Pests Acts.

This includes private properties, ash-tips, sewerage works, filter beds, main roads and streams. 2,850 baits were laid and it was necessary in many cases to carry out treatment by laying poison baits, and this met with considerable success.

## **Factories and Workshops.**

10 inspections were made and conditions were found to be satisfactory.

I am,

Yours faithfully,

T. ATTWELL, Cert. S.I.B.,

Sanitary Surveyor.











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